

<i>SERFF Tracking Number:</i>	<i>BNCI-125585950</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>BancInsure, Inc.</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>WC AR14010F08</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation and Employers Liability</i>		
<i>Project Name/Number:</i>	<i>Filing of TRIPRA Forms/WC AR14010f08</i>		

Filing at a Glance

Company: BancInsure, Inc.

Product Name: Workers Compensation and Employers Liability SERFF Tr Num: BNCI-125585950 State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 16.0004 Standard WC

Co Tr Num: WC AR14010F08

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Author: Kathy Shilling

Disposition Date: 03/31/2008

Date Submitted: 03/29/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 03/31/2008

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Filing of TRIPRA Forms

Status of Filing in Domicile: Authorized

Project Number: WC AR14010f08

Domicile Status Comments: None

Reference Organization: NCCI

Reference Number: P-1405

Reference Title: Terrorism Risk Insurance Program Reauthorization Act Advisory Org. Circular: CIF-2007-10 of 2007 Endorsements

Filing Status Changed: 03/31/2008

State Status Changed: 03/31/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The purpose of this filing is to adopt the following forms for BancInsure's workers compensation program:

Form WC 00 01 13 A Terrorism Risk Insurance Program Reauthorization Act Endorsement

Form WC 00 04 21 B Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents Premium Endorsement

SERFF Tracking Number:	BNCI-125585950	State:	Arkansas
Filing Company:	BancInsure, Inc.	State Tracking Number:	EFT \$50
Company Tracking Number:	WC AR14010F08		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation and Employers Liability		
Project Name/Number:	Filing of TRIPRA Forms/WC AR14010f08		

Company and Contact

Filing Contact Information

Kathy Shilling, Filings Analyst	kshilling@bancinsure.com
5005 N. Lincoln Blvd.	(405) 290-5600 [Phone]
Oklahoma City, OK 73105	(405) 290-5691[FAX]

Filing Company Information

BancInsure, Inc.	CoCode: 18538	State of Domicile: Oklahoma
P.O. Box 26104	Group Code:	Company Type: Property & Casualty
5005 N. Lincoln Blvd.		
Oklahoma City, OK 73126-0104	Group Name:	State ID Number:
(405) 290-5600 ext. [Phone]	FEIN Number: 73-1238130	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	Yes
Fee Explanation:	\$50/form filing
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
BancInsure, Inc.	\$50.00	03/29/2008	19133203

<i>SERFF Tracking Number:</i>	<i>BNCI-125585950</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>BancInsure, Inc.</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>WC AR14010F08</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation and Employers Liability</i>		
<i>Project Name/Number:</i>	<i>Filing of TRIPRA Forms/WC AR14010f08</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	03/31/2008	03/31/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Expedited Filing Transmittal Document	Supporting Document	Kathy Shilling	03/29/2008	03/29/2008

<i>SERFF Tracking Number:</i>	<i>BNCI-125585950</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>BancInsure, Inc.</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>WC AR14010F08</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation and Employers Liability</i>		
<i>Project Name/Number:</i>	<i>Filing of TRIPRA Forms/WC AR14010f08</i>		

Disposition

Disposition Date: 03/31/2008

Effective Date (New): 03/31/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	BNCI-125585950	State:	Arkansas
Filing Company:	BancInsure, Inc.	State Tracking Number:	EFT \$50
Company Tracking Number:	WC AR14010F08		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation and Employers Liability		
Project Name/Number:	Filing of TRIPRA Forms/WC AR14010f08		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document (revised)	Expedited Filing Transmittal Document	Approved	Yes
Supporting Document	Expedited Filing Transmittal Document	Approved	Yes
Form	Terrorism Risk Insurance Program Reauthorization Act Endorsement	Approved	Yes
Form	Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endoresment	Approved	Yes

SERFF Tracking Number: *BNCI-125585950* *State:* *Arkansas*
Filing Company: *BancInsure, Inc.* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *WC AR14010F08*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0004 Standard WC*
Product Name: *Workers Compensation and Employers Liability*
Project Name/Number: *Filing of TRIPRA Forms/WC AR14010f08*

Amendment Letter

Amendment Date:

Submitted Date: 03/29/2008

Comments:

REVISION - The original Expedited Filing Transmittal listed forms for Missouri, not Arkansas.

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Expedited Filing Transmittal Document

Comment:

Expedited Filing Transmittal Doc.pdf

SERFF Tracking Number: BNCI-125585950 State: Arkansas

Filing Company: BancInsure, Inc. State Tracking Number: EFT \$50

Company Tracking Number: WC AR14010F08

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation and Employers Liability

Project Name/Number: Filing of TRIPRA Forms/WC AR14010f08

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Terrorism Risk Insurance Program Reauthorization Act Endorsement	WC 00 01 13 A	01 08	Endorsement/Amendment/Conditions	Replaced Form #: WC 00 01 13 01 06 Previous Filing #:		Terrorism_000113A.pdf
Approved	Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endoresment	WC 00 04 21 B	01 08	Endorsement/Amendment/Conditions	Replaced Form #: WC 00 04 21 A Previous Filing #:		Terrorism_000421B.pdf

TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2007.

Definitions

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

"Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2007.

"Act of Terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

"Insured Loss" means any loss resulting from an act of terrorism (including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

"Insurer Deductible" means, for the period beginning on January 1, 2008, and ending on December 31, 2014, an amount equal to 20% of our direct earned premiums, over the calendar year immediately preceding the applicable Program Year.

"Program Year" refers to each calendar year between January 1, 2008 and December 31, 2014, as applicable.

Limitation of Liability

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a Program Year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceeds \$100,000,000 in a Program Year, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceeds \$100,000,000,000.
3. The premiums charged for the coverage for Insured Losses under this policy are included in the amounts shown in Item 4 of the Information Page or in the Schedules in the Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement (WC 00 04 21 B) and the Foreign Terrorism Premium Endorsement (WC 00 04 22), attached to this policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement

Effective Policy No.

Endorsement No.

Insured

Premium:

Insurance Company

Countersigned by _____

WC 00 01 13 A

(Ed. 1-08)

DOMESTIC TERRORISM, EARTHQUAKES, AND CATASTROPHIC INDUSTRIAL ACCIDENTS PREMIUM ENDORSEMENT

This endorsement is notification that your insurance carrier is charging premium to cover the losses that may occur in the event of domestic terrorism, earthquakes, and/or a catastrophic industrial accident.

Your policy provides coverage for workers compensation losses caused by acts of domestic terrorism, earthquakes, and/or catastrophic industrial accident including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

The premium charge provides funding for the risk of earthquakes, catastrophic industrial accidents, and acts of domestic terrorism. It does not provide funding for acts of foreign terrorism as that term is defined in the Foreign Terrorism Premium Endorsement (WC 00 04 22), attached to this policy.

For purposes of this endorsement, the following definitions apply:

- Domestic Terrorism: All acts of terrorism, certified (as defined in the Terrorism Risk Insurance Act of 2002), or non-certified, that are outside the scope of the Foreign Terrorism Premium Endorsement (WC 00 04 22), and where aggregate workers compensation losses are in excess of \$50 million.
- Earthquake: The shaking and vibration at the surface of the earth resulting from underground movement along a fault plane or from volcanic activity where aggregate workers compensation losses from the single event are in excess of \$50 million.
- Catastrophic Industrial Accident: Any single event resulting in aggregate workers compensation losses in excess of \$50 million.

Schedule

Payroll

Rate

NOTE:

1. The company may show additional column(s) in the schedule in order to include necessary information such as specific states on a multistate policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement
Insured

Effective Policy No.

Endorsement No.
Premium:

Insurance Company

Countersigned by _____

<i>SERFF Tracking Number:</i>	<i>BNCI-125585950</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>BancInsure, Inc.</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>WC AR14010F08</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation and Employers Liability</i>		
<i>Project Name/Number:</i>	<i>Filing of TRIPRA Forms/WC AR14010f08</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	BNCI-125585950	State:	Arkansas
Filing Company:	BancInsure, Inc.	State Tracking Number:	EFT \$50
Company Tracking Number:	WC AR14010F08		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation and Employers Liability		
Project Name/Number:	Filing of TRIPRA Forms/WC AR14010f08		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	03/31/2008
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Comments:

Attachment:

PC TD-1.pdf

Satisfied -Name:	Expedited Filing Transmittal Document	Review Status:	Approved	03/31/2008
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Comments:

Attachment:

Expedited Filing Transmittal Doc.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	BancInsure, Inc.				Group NAIC #	0000
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
BancInsure, Inc.	OK	18538	731238130			

5. Company Tracking Number	WC AR14010F08
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Kathryn A. Shilling P.O. Box 26104, 5005 N. Lincoln Blvd., Oklahoma City, OK 73126-0104	Filings Analyst	800-682-1630 EXT 336	405-290-5691	kshilling@bancinsure.com
7. Signature of authorized filer				
8. Please print name of authorized filer	Kathryn A. Shilling			

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	16.0000
10. Sub-Type of Insurance (Sub-TOI)	16.0004
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Workers' Compensation and Employers Liability Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: On Approval Renewal: On Approval
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	NCCI
17. Reference Organization # & Title	P-1405, TRIPRA Endorsements
18. Company's Date of Filing	03/29/08
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	WC AR14040F08
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Submission of company TRIPRA forms based on NCCI Circular CIF-2007-10, Item P-1405.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: Amount: N/A</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE(This form must be provided **ONLY** when making a filing that includes forms)(Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	WC AR14010F08
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Terrorism Risk Insurance Program Reauthorization Act Endorsement	WC 00 01 13 A 01 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	WC 00 01 13 01 06	
02	Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement	WC 00 04 21 B	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	WC 00 04 21 A	
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	N/A to this filing
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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☐ Rate Increase Rate Decrease Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	File and Use
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4a.	Rate Change by Company (As Proposed)						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) AR

Indicate Type of Filing
X Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
BancInsure, Inc.	OK	18538	731238130

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Kathryn A. Shilling P.O. Box 26104, 5005 N. Lincoln Blvd. Oklahoma City, OK 73126-0104	800-682-1630, EXT 336	405-290-5691	kshilling@bancinsure. com

Filing information

Line of Insurance (see attachment)	16.0000
Company Program Title (Marketing title) (if applicable)	Workers Compensation and Employers Liability Program
Filing Type ** see note below	Form (Endorsement)
This application is used with:	WC 00 00 00 A
Effective Date Requested	January 1, 2008
Filing date	March 29, 2008
Company Tracking Number	WC AR14010F08
Date filing approved in domiciliary state, if applicable	Authorized NCCI

	<u>Component/Form Name</u> <u>/Description/Synopsis</u>	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01	Terrorism Risk Insurance Program Reauthorization Act Endorsement	WC 00 01 13 A	[X] Replacement [] Withdrawn [] Neither	WC 00 01 13 01 06	
02	Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement	WC 00 04 21 B	[X] Replacement [] Withdrawn [] Neither	WC 00 04 21 A	

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

- X Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and
- X Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

Kathryn A. Shilling

Signature

Kathryn A. Shilling

Print Name:

Filings Analyst

Title:

<i>SERFF Tracking Number:</i>	<i>BNCI-125585950</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>BancInsure, Inc.</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>WC AR14010F08</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation and Employers Liability</i>		
<i>Project Name/Number:</i>	<i>Filing of TRIPRA Forms/WC AR14010f08</i>		

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Supporting Document	Expedited Filing Transmittal Document	03/29/2008	Expedited Filing Transmittal Doc.pdf

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) AR

Indicate Type of Filing
X Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
BancInsure, Inc.	OK	18538	731238130

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Kathryn A. Shilling P.O. Box 26104, 5005 N. Lincoln Blvd. Oklahoma City, OK 73126-0104	800-682-1630, EXT 336	405-290-5691	kshilling@bancinsure. com

Filing information

Line of Insurance (see attachment)	16.0000
Company Program Title (Marketing title) (if applicable)	Workers Compensation and Employers Liability Program
Filing Type ** see note below	Form (Endorsement)
This application is used with:	WC 00 00 00 A
Effective Date Requested	January 1, 2008
Filing date	March 29, 2008
Company Tracking Number	WC AR14010F08
Date filing approved in domiciliary state, if applicable	Authorized NCCI

	<u>Component/Form Name</u> <u>/Description/Synopsis</u>	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01	Missouri Terrorism Risk Insurance Program Reauthorization Act Endorsement	WC 24 01 01 01 08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
02	Missouri Terrorism Premium Endorsement	WC 24 04 07 01 08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

- X Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and
- X Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.



Signature

Kathryn A. Shilling

Print Name:

Filings Analyst

Title: